

NO FEE

MICHIGAN DEPARTMENT OF AGRICULTURE
ANIMAL INDUSTRY DIVISION
PO BOX 30017 - LANSING, MI 48909
(517) 373-1077

ANIMAL SHELTER, DOG POUND REGISTRATION APPLICATION☐ ANIMAL SHELTER☐ DOG POUND

BUSINESS NAME AND ADDRESS (DBA if Applicable)		LICENSE NUMBER (DEPARTMENT USE ONLY)				
		DATE ISSUED (DEPARTMENT USE ONLY)				
		CORPORATION NAME (If Applicable)				
		AN ASSUMED NAME CERTIFICATE IS TO ACCOMPANY THIS APPLICATION WHEN APPLICABLE				
		APPLICANT'S HOME PHONE		BUSINESS PHONE		
		FAX		E-MAIL		
BUSINESS MAILING ADDRESS (If different than above)		CITY		STATE	COUNTY	ZIP CODE
APPLICANTS HOME ADDRESS (If different than above)		CITY		STATE	COUNTY	ZIP CODE

In accordance with the provisions of Section 6 of Act No. 287, Public Acts of 1969, as amended, application is hereby made to register an Animal Shelter or Dog Pound.

I hereby certify that the statements given above are true and correct to the best of my knowledge. I acknowledge that I have received a copy of the standards regulating pet shops. I agree to comply with the provisions of Act No. 287, Public Acts of 1969, as amended, and the Department of Agriculture regulations made pursuant thereto, and to make such records available to the Director of Agriculture, or a department representative, on demand.

DATE	APPLICANT'S NAME (Print or Type)		
APPLICANT OR AUTHORIZED REPRESENTATIVE SIGNATURE		TITLE OF REPRESENTATIVE	

**VETERINARIAN INFORMATION
(THIS INFORMATION MUST BE PROVIDED)**

CLINIC NAME			TELEPHONE NUMBER	
VETERINARIAN'S NAME				
STREET ADDRESS	CITY	STATE	ZIP CODE	

Mail to:
Michigan Department of Agriculture
P.O. Box 30017
Lansing, MI 48909